State of Indiana Employee Plan Information

Name of medical plan : Consumer Driven Health Plan 1 (CDHP 1)
Type of medical plan: HDHP with HSA

Plan Year: 1/1/2012 - 12/31/2012

Is the plan fully insured or self insured: Self Insured



		Annual Employer	
	No. of Enrollees	Contribution	Total Annual Cost
Employee Only Coverage	7165	\$ 3,987.10	\$ 28,567,571.50
Employee + 1			\$ -
Employee + Spouse			\$ =
Employee + Spouse + 1 child			\$ -
Family	12461	\$ 12,555.92	\$ 156,459,319.12
	-	Total Employer Plan Cost	\$ 185 026 890 62

Name of medical plan : Consumer Driven Health Plan 2 (CDHP 2)

Type of medical plan: HDHP with HSA Plan Year: 1/1/2012 - 12/31/2012

Is the plan fully insured or self insured: Self Insured

		Annual Employer	
	No. of Enrollees	Contribution	Total Annual Cost
Employee Only Coverage	1823	\$ 4,436.38	\$ 8,087,520.74
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	2517	\$ 13,457.60	\$ 33,872,779.20
		Total Employer Plan Cost	\$ 41,960,299.94

Name of medical plan : Traditional PPO

Type of medical plan: PPO Plan Year: 1/1/2012 - 12/31/2012

Is the plan fully insured or self insured: Self Insured

		Annual Employer		
	No. of Enrollees	Contribution		Total Annual Cost
Employee Only Coverage	1652	\$ 5,11	0.30 \$	8,442,215.60
Employee + 1			\$	-
Employee + Spouse			\$	-
Employee + Spouse + 1 child			\$	-
Family	785	\$ 14,80	5.44 \$	11,622,270.40
		Total Employer Plan C	Cost \$	20,064,486.00

	Total number of health insurance eligible employees including Board		
1	members and legal counsel		30,043
	Are all individuals insured under the state's employee health coverage eligible		
2	for the same plans?		Υ
	If your answer is"N", please explain how your practice comports with IC 20-26-		
2a	17-5(4)(A).		
	How many employees receive compensation for electing not to enroll in the		
3	group health insurance program?		0
	What is the annual dollar amount paid to employees that elect not to enroll in		
4	the group health insurance program?	\$	-
	Additional compensation, if any, provided to member(s) to offset the cost of		
5	health care coverage?	\$	-
	Please provide an explanation of any arrangement		
5a	T lease provide an explanation of any arrangement		
	Does the State offer/sponsor an on-site clinic?		
6	boes the otate oner/sponsor an on-site office:		N
	If so, is it funded outside the health plan?		
6a	ii so, is it furided outside the fleath plan!		
	Total number of employees including Board members and legal counsel		
7	enrolled in your health plans		26,403
	,		,
	Total Employer Contribution to all Health Plans (sum of "Total Employer Plan		
Q	Cost" from Section 2 for all health plans offered by the State)	\$	247,051,676.56
- 0	Cost from Section 2 for all fleatin plans offered by the State)	φ	247,031,070.30
	T. I.		
	Total annual employer contributions for all participants to a Health Savings		
0	Account (HSA), Health Reimbursement Account (HRA), Medical Flexible	æ	20 250 204 26
9	Spending Account (FSA), or Active VEBA	\$	38,259,394.26
10	Total Broker or Benefit Consultant fees paid if they are not included in the premium.	\$	
	Sum of line 8-10	\$	285,311,070.82
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12	State's Average Employer Cost Per Employee Per Year (line 11/line 7)	\$	10,806.01